

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>me</i>	45	10/4
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>21</i>		11-30-00

# INDEX OF CLAIMS

☒ ..... Rejected  
☐ ..... Allowed  
☐ (Through numeral)..... Canceled  
☐ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

APPLICATION NO.  
09/646

TITLE APPLICANTS  
 Date  
 Office  
 From

Claim	Date
Final Original	
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